

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16324

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2004	Registrar's No. 230
1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER		
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		
c. LENGTH OF STAY (In this place) 3 yrs.		d. STREET ADDRESS (If rural, give location) 2617 N. Florida		
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital				
3. NAME OF DECEASED (Type or Print)		a. (First) CORA	b. (Middle) ELIZABETH	c. (Last) MACLEAN
4. DATE OF DEATH (Month) (Day) (Year)		5 16 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 20, 1887	9. AGE (In years last birthday) 61 IF UNDER 1 YEAR: Days 11 IF UNDER 24 HRS.: Hours 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Vernon Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME George T. Hamm		13b. MOTHER'S MAIDEN NAME Katherine Neal		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. R. E. McChesney, Tulsa, Okla.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & coronary disease DUE TO (c) Diabetes Mellitus  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.  7201  5 yrs.
19a. DATE OF OPERATION X		19b. MAJOR FINDINGS OF OPERATION V		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) V		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) V
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X
22. I hereby certify that I attended the deceased from 9-30, 1948, to 5-16, 1949, that I last saw the deceased alive on 5-16, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) O. T. Telanke, M. D.		23b. ADDRESS Joplin Mo.		23c. DATE SIGNED 5-19-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-20-49		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery
24d. LOCATION (City, town, or county) (State) Lamar Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Hunsaker Mortuary, Joplin, Mo.		
DATE REC'D BY LOCAL REG. 5-19-49		REGISTRAR'S SIGNATURE Ed. D. James, 138		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49  
512

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.